

Pledge Form

Donor Information (please print or type)

Contact Name	
Company Name	
Billing address	
City	
State	
ZIP Code	
Telephone (Business)	
E-Mail	

Sponsorship Level

- Visionary (\$250 and above)
- Leader (\$100 and above)
- Patron (\$50 and above)
- Supporter (\$25 and above)

Payment Options

- SEND INVOICE TO ADDRESS ABOVE
- CHECK ENCLOSED
- CHARGE CREDIT CARD
- MASTERCARD VISA
- AMEX

Credit card number	
Expiration date	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Montessori Radmoor School
2745 E. Mt. Hope
Okemos, MI 4886